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APR 0 5 2018 C MCNAIR

COVER LETTER

2018 APR -4 AM DE CE

NAME OF CORPORATION: Eagle Lake Pharmacy, Inc							
DOCUMENT NUMBER: PIDDO 23050							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
TONY Tran Marne of Contact Person TT Experts 2LC Firm/Company 5850 Grantle Parkuay Shite 215 Address Plano, TX 75024 City/State and Zip Code Hexperts 467. com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Tony Tran at (469) 583-7333 Name of Contact Person at (469) 583-7333 Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)							

Mailing Address

TO: Amendment Section

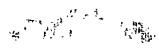
Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation



2018 APR -4 AN I	Eliza i nue
TT Experts LIC 2010 ATT TO ART	
(Name of Corporation as currently filed with the Florida Dept. of State)	
91DDDD2305D	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amends: Articles of Incorporation:	nent(s) to
If amending name, enter the new name of the corporation:	
	env •
ume must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain to ord "chartered," "professional association," or the abbreviation "P.A."	on he
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	_
	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	_
	_
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Tony Tran	
5245 US HWY 98 N Suite A, Lakelung	dFL3
New Registered Office Address: Lakeland, Florida 33809 (City), Florida 33809 (Zip Code)	-
(any)	
ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Iones	
X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	D D	Tony Tran Polycarp Agbara	5850 Granite Parkway Suite 215 Plano, TX 75624 P.O. Box 1467 Highland City, FL 3384
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional shee	g additional Article us, if necessary). ((Be specific)				
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If an amendment pro provisions for imple (if not applicable	menting the amend	nge, reclassificati Iment if not cont	on, or cancellati	on of issued share ndment itself:	25.	
	•			·	<u> </u>	
			,			
						· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	ting groups. The following statement parately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	***
(voting group)	-
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shaction was not required.	areholder action and shareholder
Dated 3/23/18	
Signature	HHT lava
(By a director, president or other officer - if	
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	s of a receiver, trustee, or other court
()	/ 1
- Polyco	urp Aabara
(Typed or printed name of	f pérson signing)
Dire	ctor
(Title of pers	on signing)